

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09783633
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
1	1						51								
2		1					52								
3			1				53								
4				1			54								
5					1		55								
6						1	56								
7							57								
8							58								
9							59								
10							60								
11		1					61								
12	1						62								
13		1					63								
14			1				64								
15				1			65								
16					1		66								
17						1	67								
18							68								
19							69								
20		1					70								
21							71								
22							72								
23							73								
24							74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3						TOTAL IND.								
TOTAL DEP.	17	↔		↔		↔	TOTAL DEP.		↔		↔		↔		
TOTAL CLAIMS	20						TOTAL CLAIMS								

BEST AVAILABLE COPY